PATIENT-SUPPLIED RESPIRATORY EQUIPMENT FOR IN HOSPITAL CLINICAL USE

**PURPOSE**
To provide clinicians with direction for determining the safe use of home devices for patients requiring long term positive pressure ventilatory support during their hospital stay. This includes; invasive and non-invasive ventilation devices (CPAP, BiPAP and ventilators).

**POLICY STATEMENTS**
Patients admitted to the Pediatric Intensive Care (PICU) Team will be treated with hospital owned invasive and non-invasive respiratory care devices.

Patients admitted to the Home Tracheostomy Ventilation Team (HTV) will require an assessment of their invasive or non-invasive respiratory care device to determine hospital suitability and safe clinical use

When evaluating patient supplied devices for in hospital use, the RT must:

- Identify the patient’s admitting medical team and follow the flow algorithm (Appendix 1) to determine if the device meets the criteria for in hospital use.
- Consider the Care Teams prior knowledge, training and experience with the device.

Availability of instructions for use-operator’s manual, technical support or supplier contact information (talk to risk) **SITE APPLICABILITY**

BCCH

**PRACTICE LEVEL/COMPETENCIES**
Registered Respiratory Therapist (RRT)

RRTs are qualified in all aspects of respiratory therapy management and the functional operation of humidified flow generating devices, invasive and non-invasive ventilation devices as outlined in the Respiratory Therapy National Competency Profile.

Registered Nurse (RN)

Nursing care of the patient requiring non-invasive or invasive ventilatory support is considered an advanced nursing competency and is practiced only after the nurse has the required education and has had his/her learning validated at the bedside with the appropriate clinical support person.

**EQUIPMENT**
Ventilators, BiPAP and CPAP devices used in the home setting.

**PROCEDURE**

<table>
<thead>
<tr>
<th>RT to follow decision making algorithm to determine if patient supplied device meets the criteria for in hospital use as outlined in appendix 1.</th>
<th>Comments</th>
<th>Use of patient supplied device within the hospital environment may provide patients with comfortable and familiar therapy.</th>
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<tbody>
<tr>
<td>If patient is admitted to Home Tracheostomy Ventilation (HTV) Team arm of the algorithm complete the “Patient Supplied Device Safety Check List” as outlined in appendix 2.</td>
<td>To determine safe use of the equipment in the hospital environment</td>
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**ASSESS** device for a functional back up power source (the device is NOT to be in use during this process)

- Provide patient with alternate respiratory support
- Plug patient supplied device into an electrical outlet supported by the hospital generator.
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- Power device on
- Startup device
- Disconnect power cord from the electrical outlet - if the device has a back-up power source the device will continue to operate.

If the device does not have a functional back up power source:

- **ENSURE** device is plugged into an emergency electrical outlet backed up by the hospital generator.
- **DISCONNECT** electrical cord from electrical outlet.
- **ASSESS** device’s responds to condition, an audible disconnect alarm must occur for it to be used in the hospital setting.

**ENSURE** the device is in good working condition without any noticeable faults

- **COMPLETE** a visual check inclusive of patient interface, case/machine housing, filter, headgear, circuit, power cord.

**INSPECT** the device for infection control considerations

- **COMPLETE** a visual check of the device for cleanliness inclusive of patient interface, case/machine housing, headgear, circuit, power cord

**ENSURE** settings on the patient’s supplied device as per Doctor’s orders.

**ENSURE** alarms are functional and sufficiently audible

- **CREATE** an alarm situation and assess device’s alarm response to the condition.

If device does not meet all of the criteria outlined in the “Patient Supplied Device Safety Check list”;

- Obtain hospital owned delivery device
- Set up patient parameters as per patient’s own delivery device or as ordered by the HTV Team.
- Place patient on hospital owned delivery device
- Discontinue patient’s delivery device and remove from service

To ensure communication among the patient care team, a copy of the “Patient Supplied Safety Check List” must remain with the device.
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- Place completed “Patient Supplied Safety Check List” into the patient chart and place a photocopy of the completed form onto the device for reference
- Communicate with the Most Responsible Physician.

DOCUMENTATION

RRT
Document on the front of the Respiratory Therapy Flowsheet the respiratory delivery device in use (hospital owned or patient supplied) and the device settings.
Document on the back of the Respiratory Therapy Flowsheet the patient’s respiratory assessment and tolerance of hospital owned delivery device if in use.
Completion of "Patient Safety Check List"

REFERENCES

Vancouver Acute Respiratory Services Department Policy Manual; Electrical Devices Approval # RT-SAF-02; June 23, 2008.

APPENDIX A
Patient Supplied Device for in Hospital Clinical Use – Decision making Algorithm

APPENDIX B
Patient Supplied Device Safety Check List